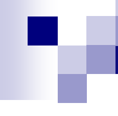
STRATEGIE SI TEHNICI OPERATORII IN MENINGIOAMELE DE ETAJ ANTERIOR

CURS REZIDENTI

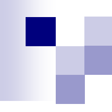
PROF. UNIV. DR. GORGAN RADU MIRCEA

IUNIE 2009



Elementele strategiei neurochirurgicale

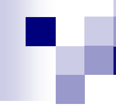
- Elementele care concura la stabilirea strategiei chirurgicale in meningioamele de etaj anterior al bazei craniului sunt:
    1) ***localizarea*** –emisfer dominant, nedominant, dezvoltarea bilaterala
    2) ***marimea leziunii*** - sub 3 cm diametru, peste 3 cm diametru
    3) ***estimarea imagistica properatorie a insertiei durale*** - localizarea acesteia, intinderea, profunzimea eroziunilor osoase.



4) ***raporturile cu sinusurile aerice*** frontale, etmoidale, sfenoidale

5) ***raporturile cu magistralele arteriale si venoase*** anterioare (ACI, ACA, a Com, ramurile A sy, sinusul cavernos)

6) ***gradul de compresie al parenchimului cerebral***, modificarile ischemice constituite imagistic si vechimea acestora



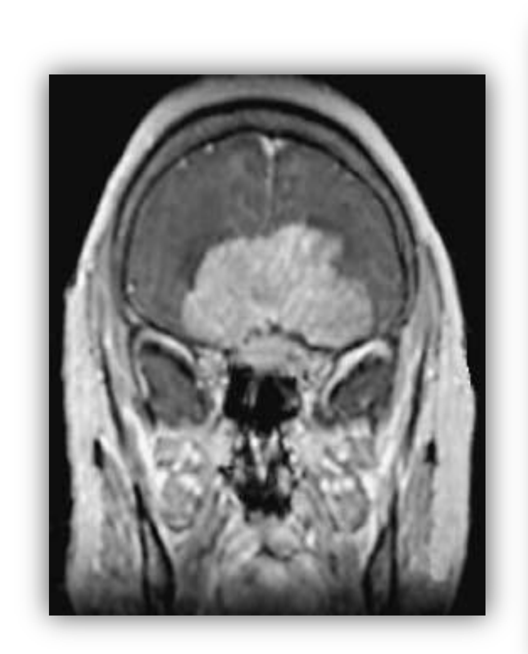
7) ***estimarea bilantului circulator regional*** dat de hipervascularizatia regionala caracteristica meningioamelor

8) ***aprecierea indirecta a gradului de consistenta si vascularizatie al tumorii*** in functie de explorarile imagistice

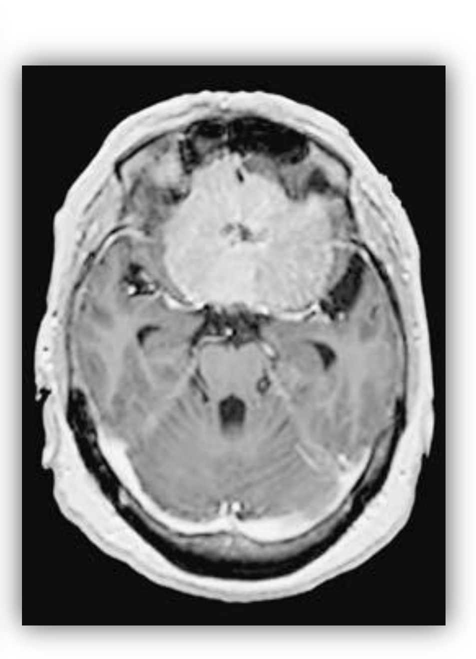
9) ***parametrii clinici, biologici, neurologici ai pacientului*** si asteptarile acestuia

10) ***experienta chirurgului***, dotarile serviciului si calitatea ingrijirii postoperatorii

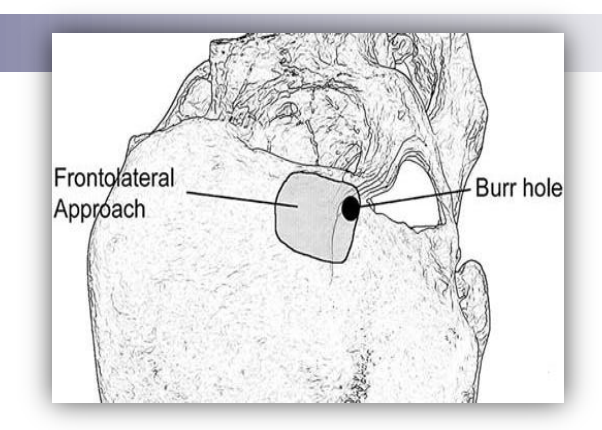
- Tehnica chirurgicala va fi adaptata in functie de particularitatile fiecarui caz!

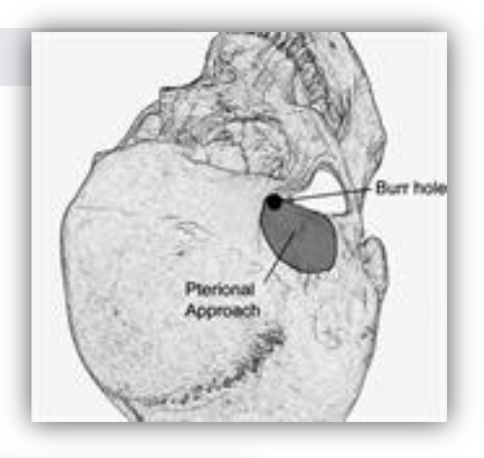






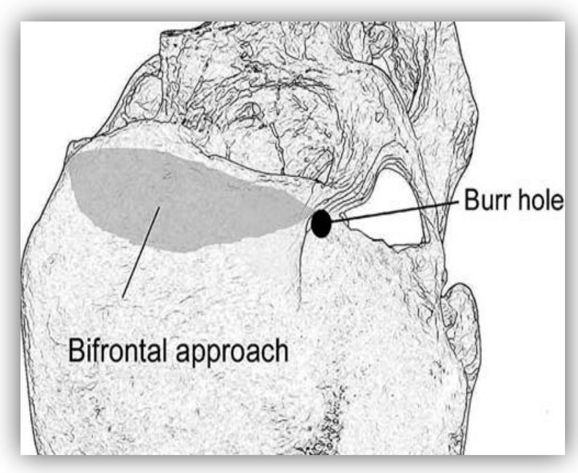
Aborduri

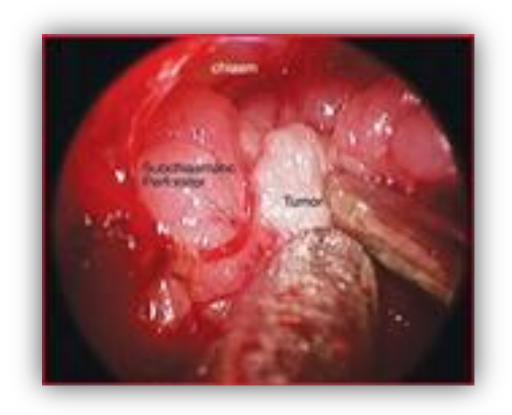






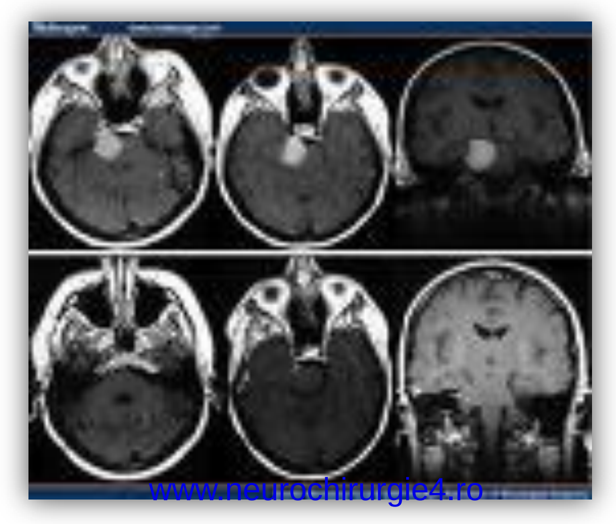
- -frontolateral
- -pterional
- -bifrontal
- -endoscopic trans-sfenoidal
- -supraorbitar keyhole
- -aborduri combinate craniofaciale in cazul invaziei lamei cribriforme

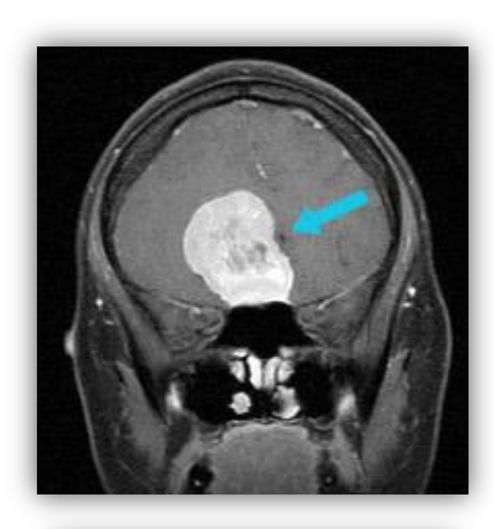


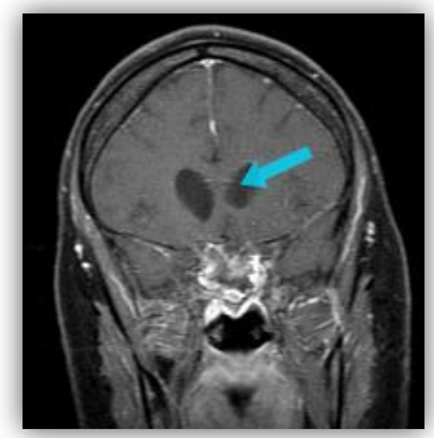


Localizarea

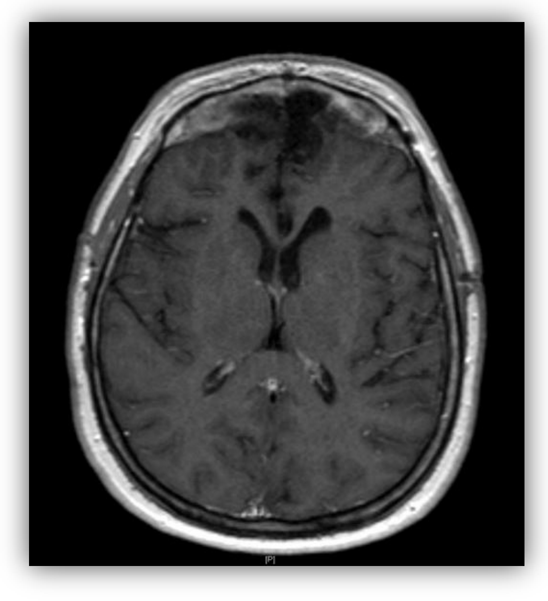
- Emisfer dominant, nedominant, dezvoltarea bilaterala
- Sant olfactiv, tubercul selar, sinus cavernos, invazie orbitara…





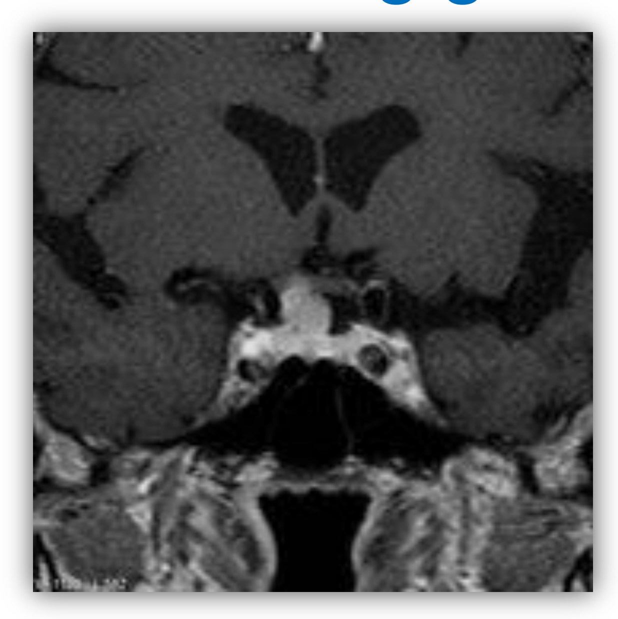




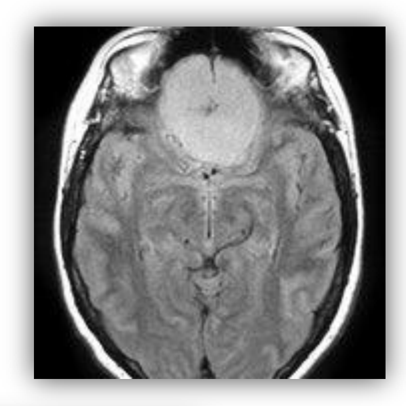


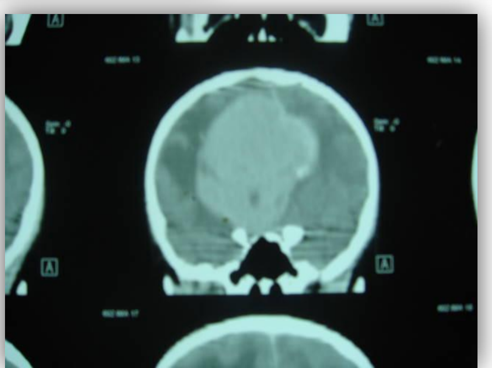
Marimea leziunii

- sub 3 cm diametru, peste 3 cm diametru, leziuni gigante>6 cm diametru



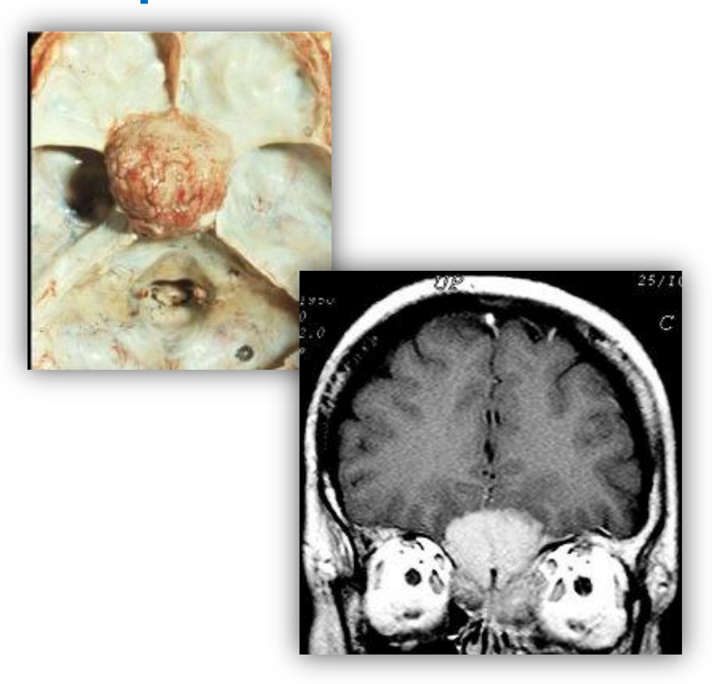


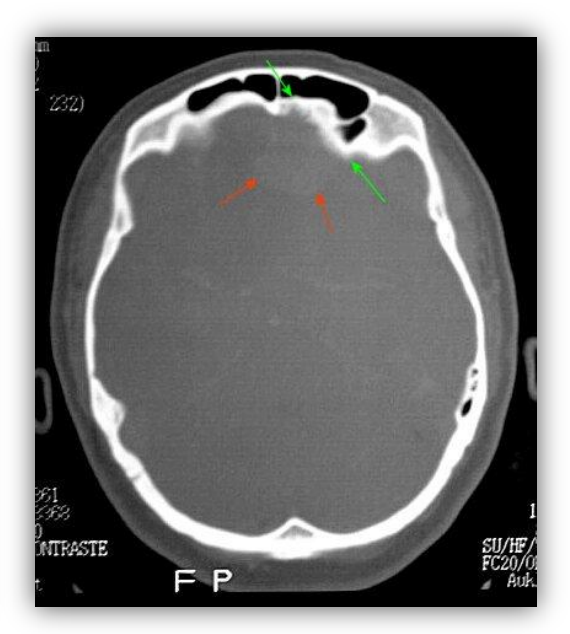




Estimarea imagistica properatorie a insertiei durale

- localizarea acesteia, intinderea, profunzimea eroziunilor osoase.

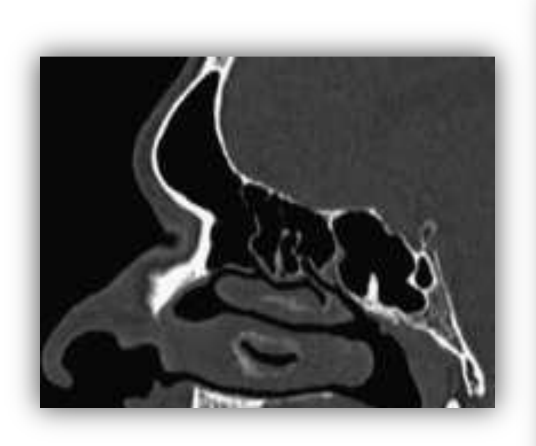




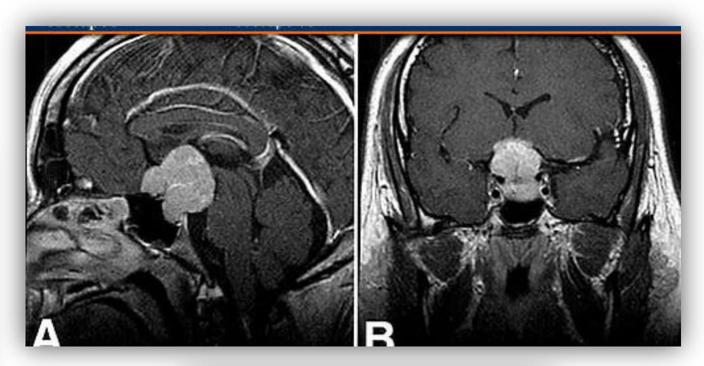


Raporturile cu sinusurile aerice

- Frontale, etmoidale, sfenoidale









Reconstructia bazei craniului pentru prevenirea fistulelor LCR

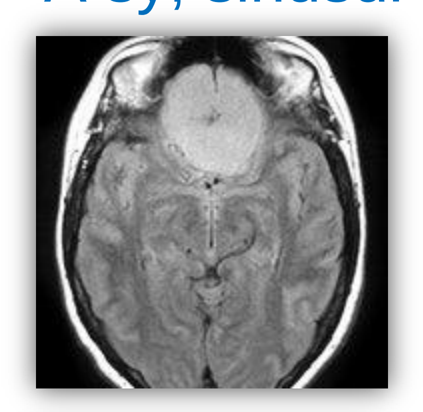


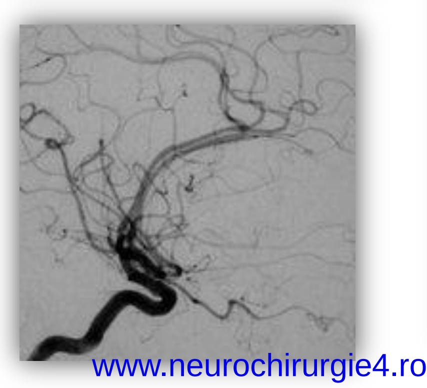


Raporturile cu magistralele arteriale si venoase anterioare

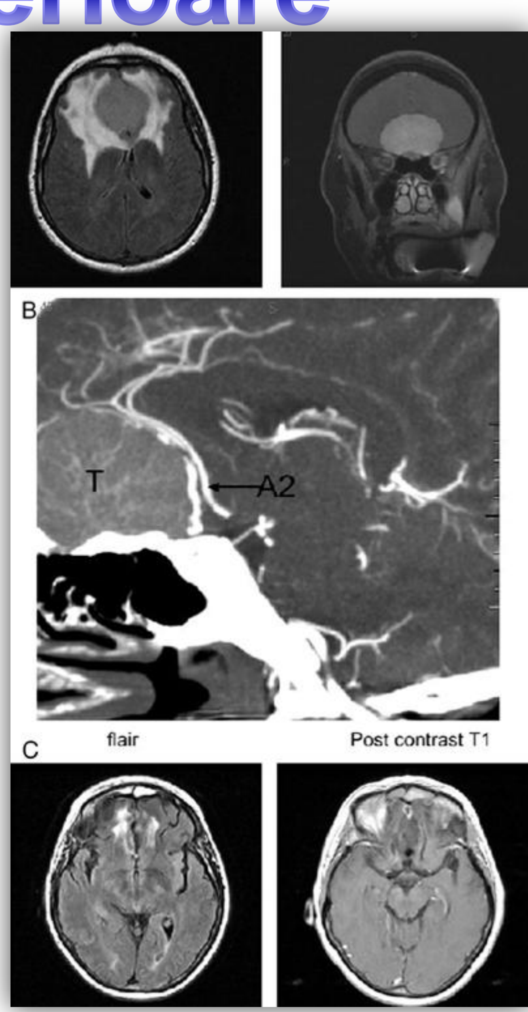
ACI, ACA, a Com, ramurile

A sy, sinusul cavernos







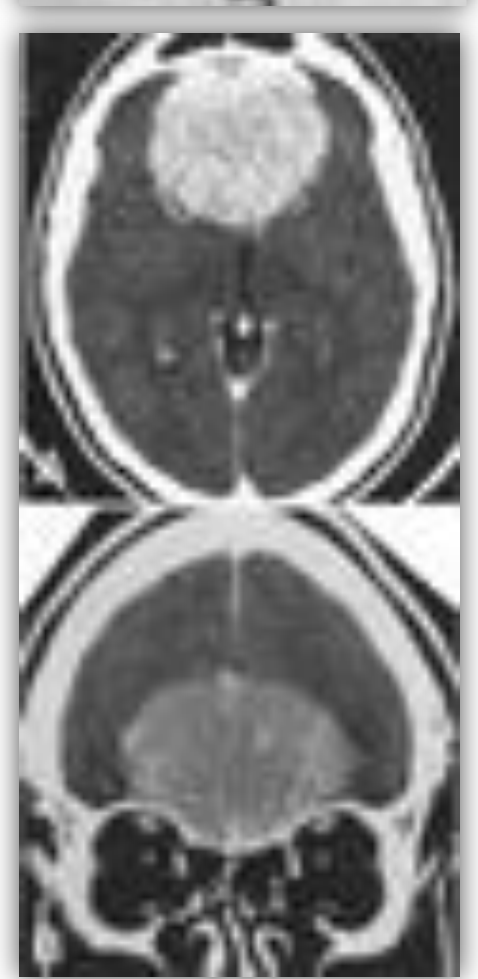


Embolizarea?



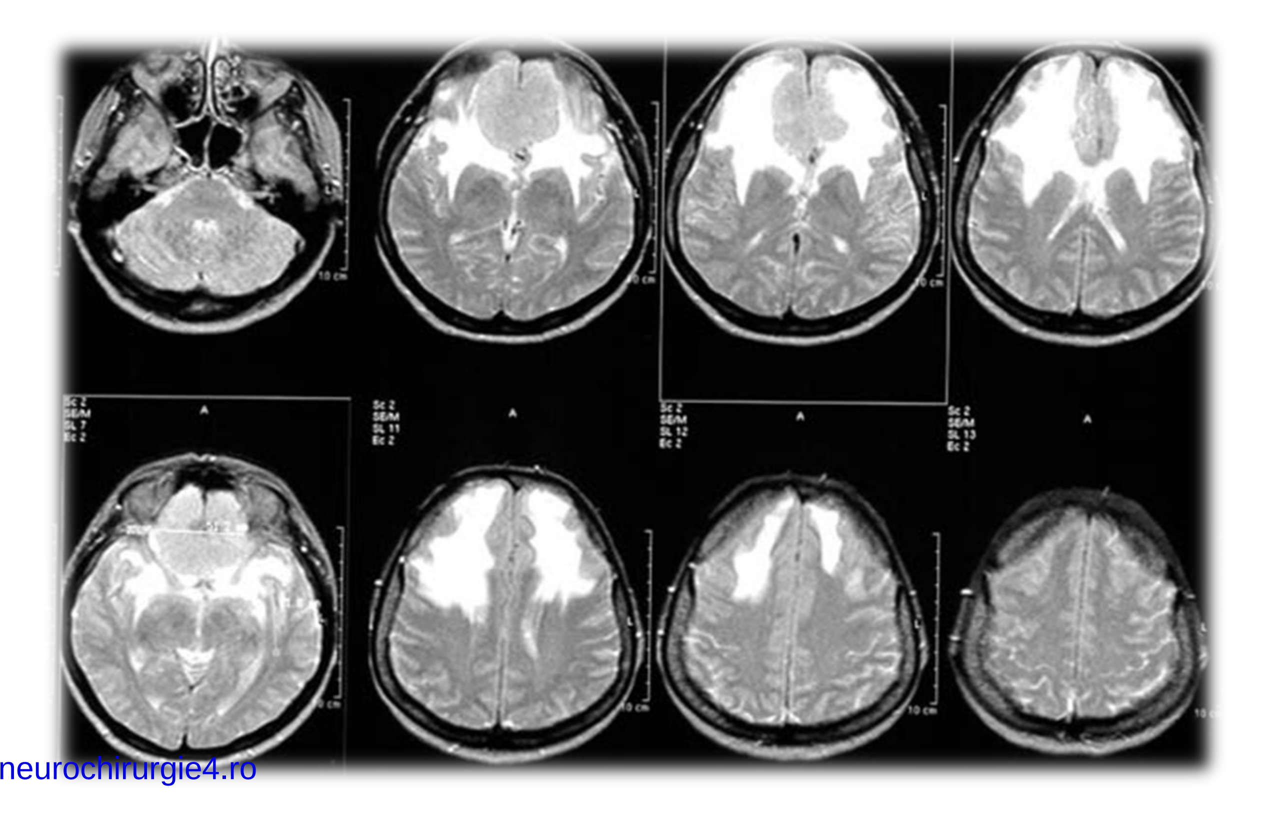


- Anastomozele abundente intre:
  - arterele etmoidale anterioare si posterioare
  - ramuri colaterale meningeale provenite din ACI
  - artere frontale si sfenoidale din ACM
  - ramuri distale din artera maxilara interna prin arterele sfenopalatine
  - rezulta anastomoze patente cu artera oftalmica iar riscul de orbire dupa embolizarea colateralelor este maxim

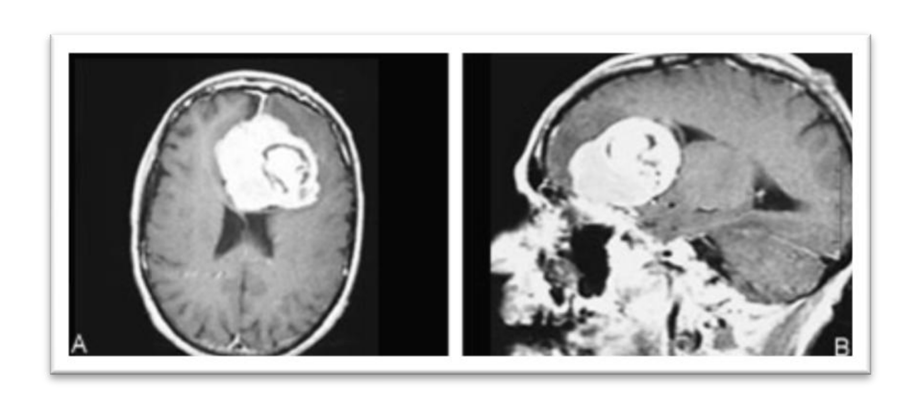


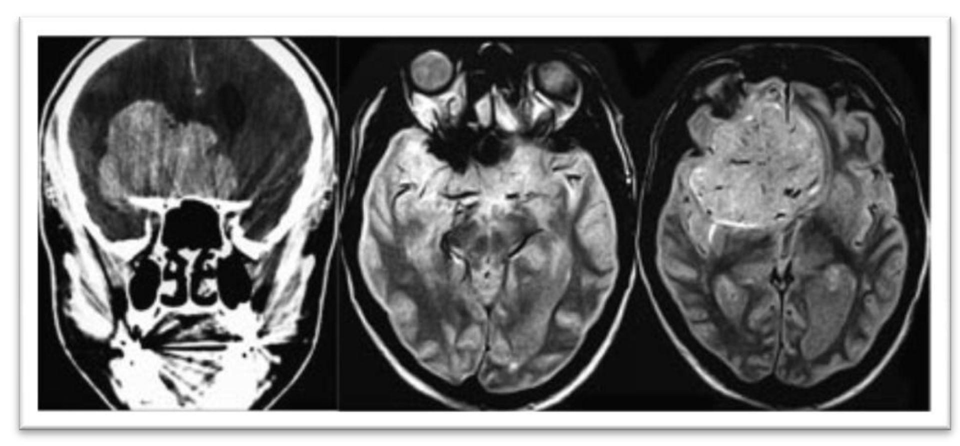
Gradul de compresie al parenchimului cerebral

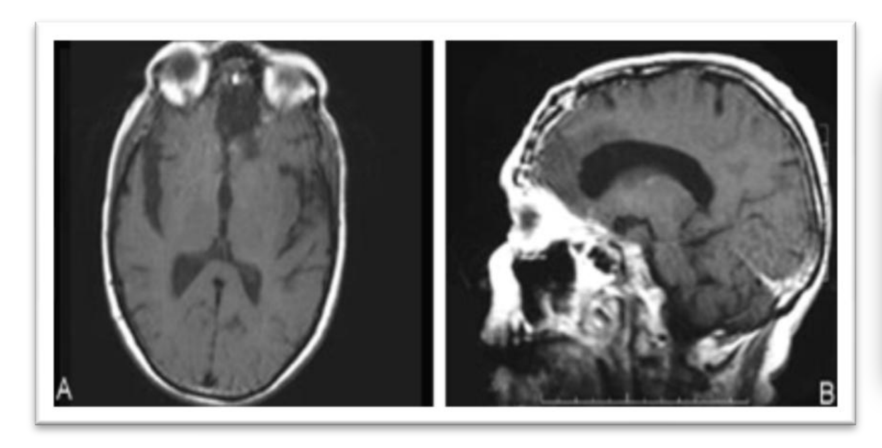
- Modificarile ischemice constituite imagistic si vechimea acestora

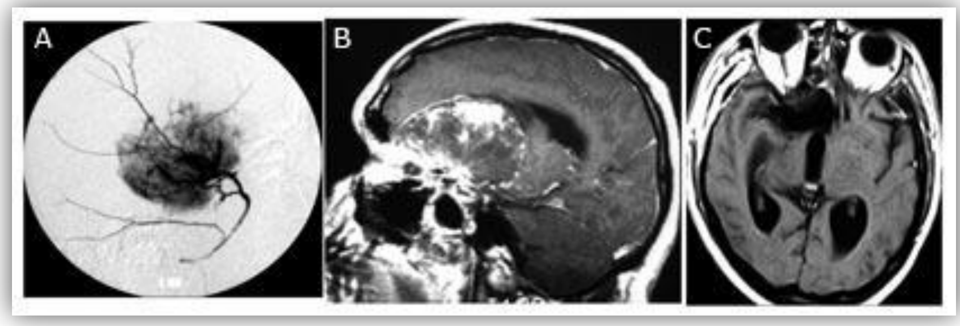


Semnele de angajare cronica









Estimarea bilantului circulator regional

- Hipervascularizatia regionala caracteristica meningioamelor

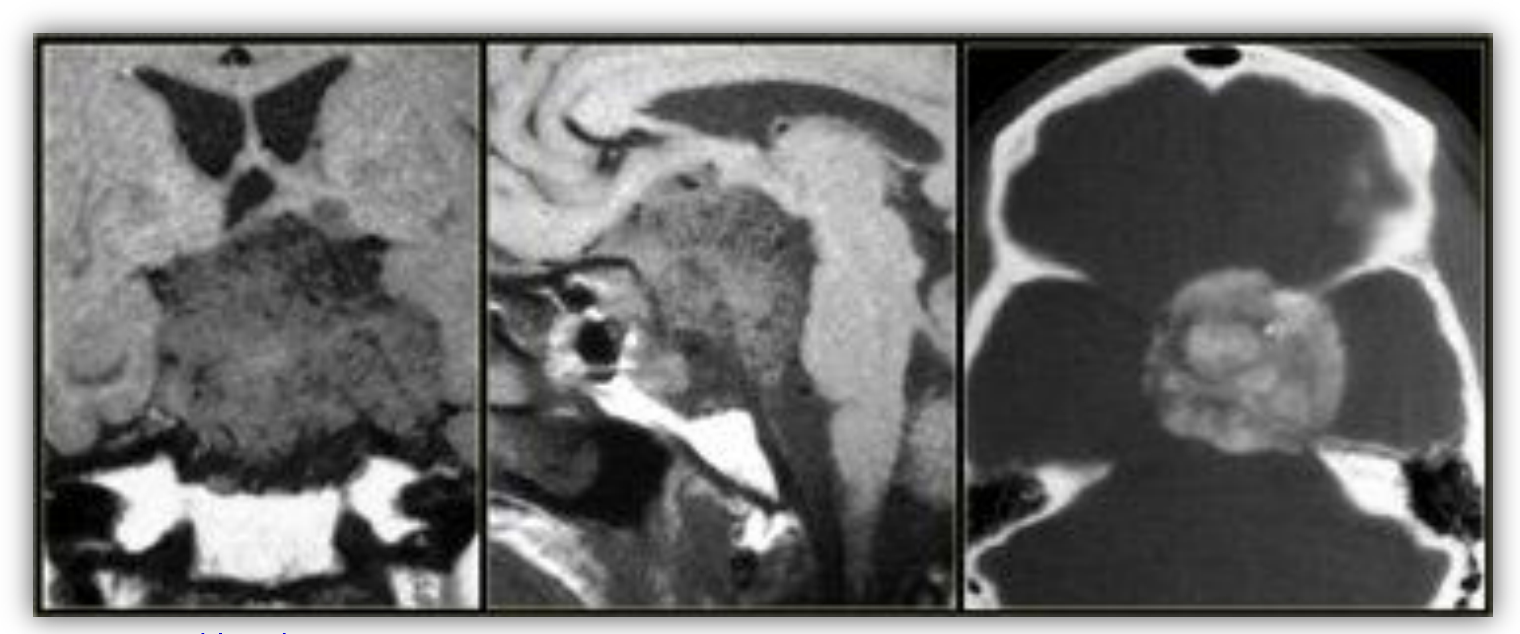


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Consistenta tumorii

- Aprecierea indirecta a gradului de consistenta si vascularizatie al tumorii in functie de explorarile imagistice-calcificari



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Asteptarile pacientului

- Parametrii clinici, biologici, neurologici ai pacientului

- *Anosmia*
- *Paraliziile de oculomotori*
- *Scaderea acuitatii vizuale*
- *Sindromul frontal*
- *Deficitele motorii*
- *etc*



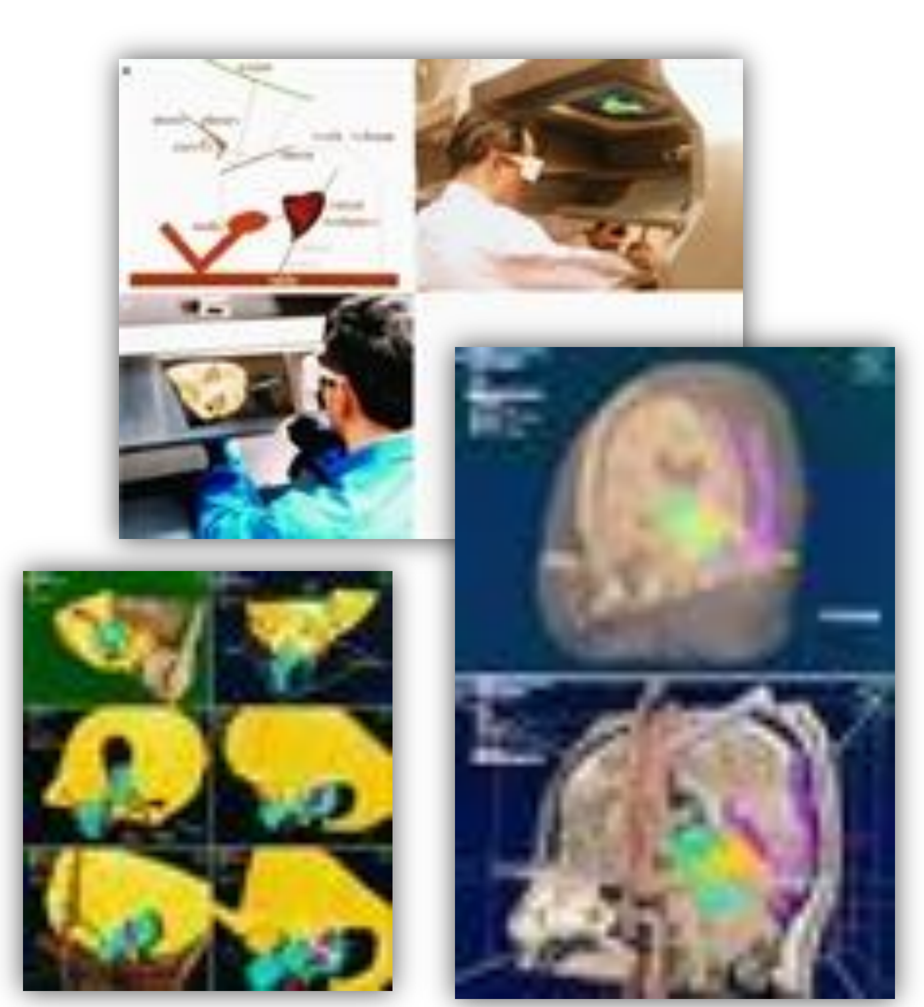
Experienta chirurgului, dotarile serviciului si calitatea ingrijirii postoperatorii



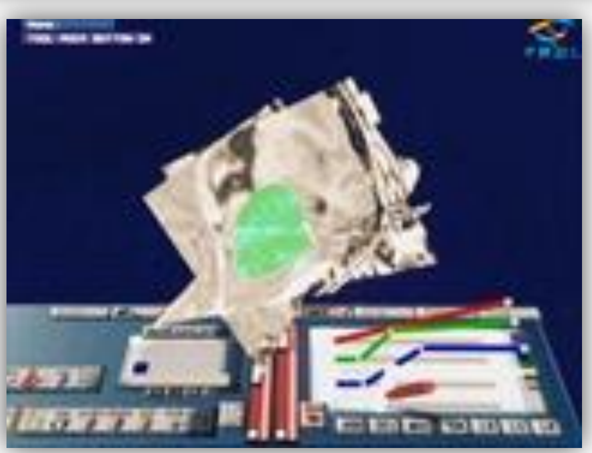




ANTRENAMENT: Planificarea operatiei si simularea in mediul realitatii virtuale



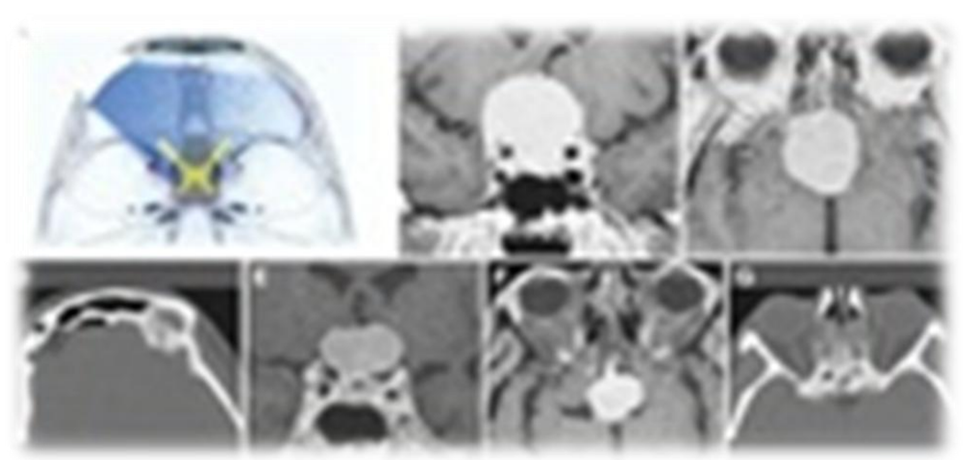


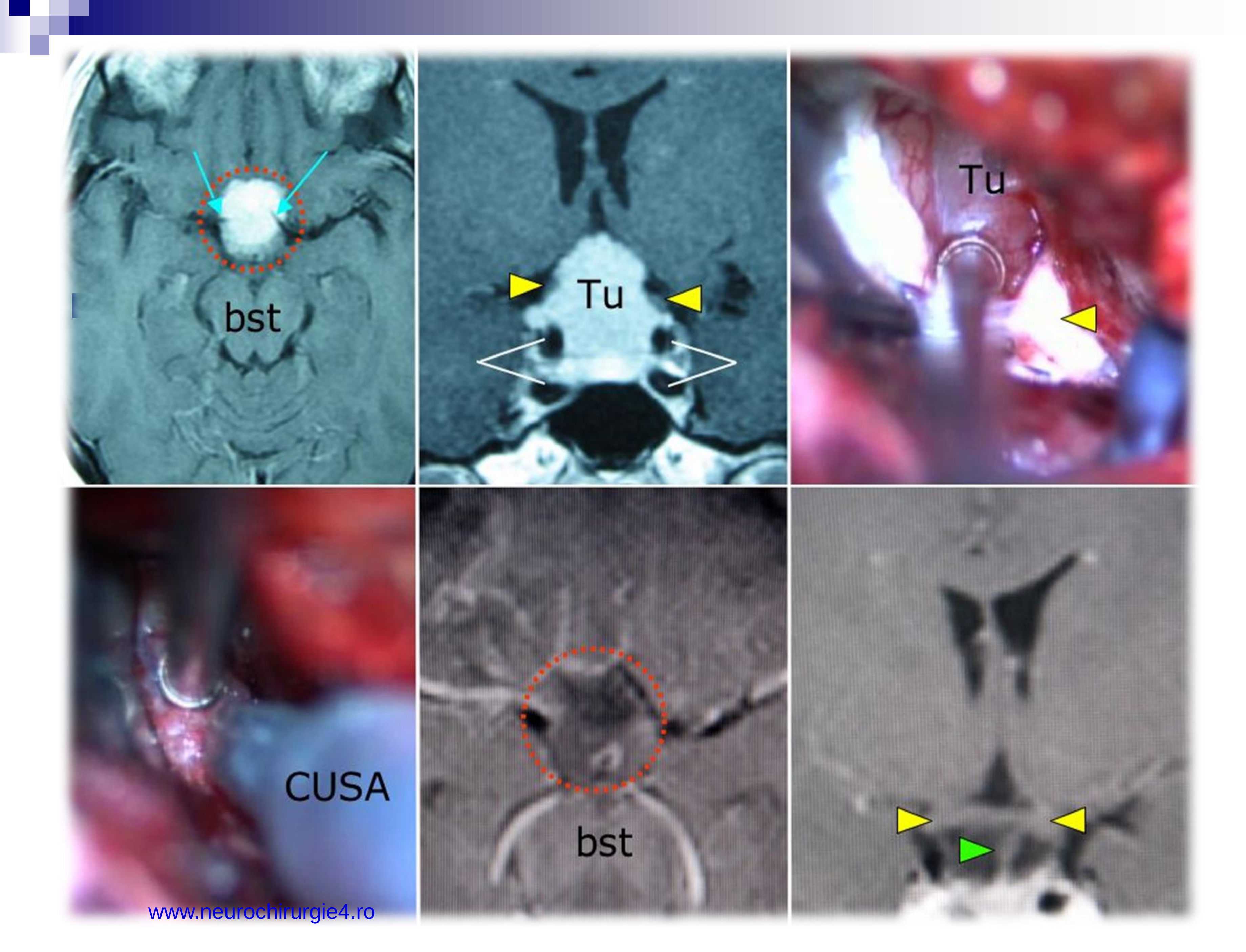


Aborduri keyhole

- ***Abordul endonazal***- pentru leziuni retrochiasmatice
- ***Abordul supraorbital*** key-hole-pentru leziuni sub 35 mm situate deasupra portiunii supraclinoidiene a ACI
- Limite!



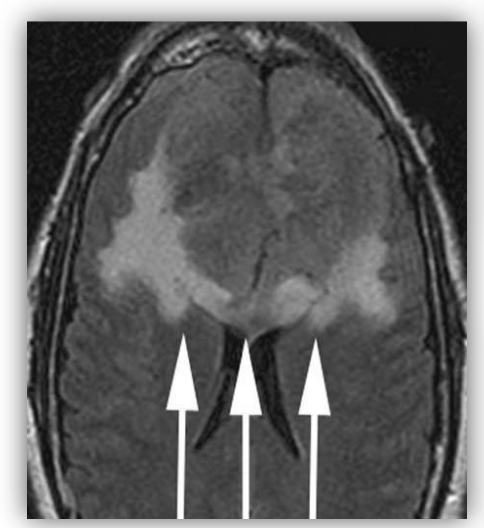


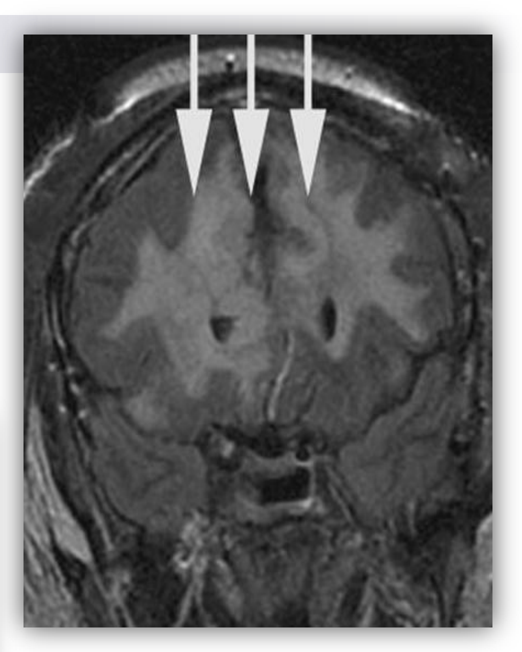


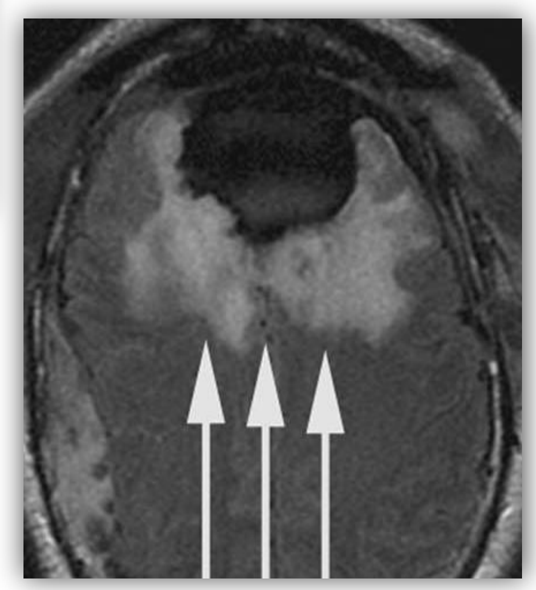
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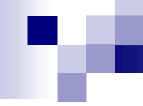
Cele mai frecvente complicatii:

- *Fistule LCR*
- *Mucocele*
- *Infectii*
- *Hematoame*-ramolismente hemoragice
- *Ischemii*-infarcte









Concluzii

- Rezectiile Simson 1 sunt rareori posibile
- **Rezultatele chirurgiei depind de:**
  - Starea clinica si neurologica a pacientului
  - Marimea tumorii si vascularizatia piala
  - Gradul rezectiei tumorale
  - Edemul cerebral preoperator
  - Gradul si vechimea afectarii nervilor cranieni
  - Gradul de malignitate al leziunii


Va multumim pentru atentie!
www.neurochirurgie4.ro